

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: NATIONAL FOOTBALL LEAGUE  
PLAYERS' CONCUSSION INJURY  
LITIGATION

No. 2:12-md-02323-AB

MDL No. 2323

THIS DOCUMENT RELATES TO  
ALL OPT OUT PLAINTIFFS

Hon. Anita B. Brody

**ORDER**

And now this 24<sup>th</sup> day of July, 2018, this Court requires the submission of medical records that substantiate the basis for each Opt-Out Plaintiff's<sup>1</sup> allegations of "neurodegenerative diseases or conditions, including, but not limited to, dementia, ALS, CTE, Alzheimer's disease, and Parkinson's disease" alleged to stem from "concussive or subconcussive impacts." (Second Amended Master Administrative Long-Form Complaint Against NFL Defendants ¶¶ 334(a), 335, ECF No. 8026.)

1. **On or before August 31, 2018**, all Opt-Out Plaintiffs and/or their counsel, must provide Opt-Out Coordinating Counsel, Wendy Fleishman at Lieff Cabraser Heimann & Bernstein, LLP, 250 Hudson Street, 8th Floor, New York, New York 10013-1413, Telephone: 212.355.9500, Facsimile: 212.355.9592, E-mail: wfleishman@lchb.com, with **either of** the following:

- Medical records substantiating "neurodegenerative diseases or conditions, including, but not limited to, dementia, ALS, CTE, Alzheimer's disease, and

<sup>1</sup> For purposes of this Order only, "Opt-Out Plaintiffs" shall include only plaintiffs that opted out of the Settlement Class and who have pending claims against the National Football League and/or NFL Properties LLC (together, the "NFL Defendants") in MDL 2323, as reflected in the attached Addendum.

Parkinson's disease," including records of any neurological and/or neuropsychological examinations; **OR**

- An executed Healthcare Provider History Form and Authorization Form, in the form attached as Exhibits A and B hereto.

2. To the extent that no medical records substantiating an Opt-Out Plaintiff's alleged "neurodegenerative diseases or conditions" exist, such Opt-Out Plaintiff and/or their counsel shall inform Opt-Out Coordinating Counsel in writing, at the address or e-mail address provided in paragraph 1 above, **on or before August 31, 2018.**

3. Opt-Out Coordinating Counsel is authorized to disclose any materials provided by Opt-Out Plaintiffs and/or their counsel pursuant to this Order to (i) the NFL Defendants, and (ii) this Court, subject to strict confidentiality terms deemed satisfactory to Opt-Out Coordinating Counsel.

4. Opt-Out Coordinating Counsel is directed to serve a copy of this order to all the named Opt-Out Plaintiffs.

5. **Any Opt-Out Plaintiff's failure to comply with this Order can result in the dismissal of such Opt-Out Plaintiff's claims against the NFL Defendants.**

IT IS SO ORDERED.



ANITA B. BRODY, J.  
United States District Judge

Copies **VIA ECF** on \_\_\_\_\_ to:

Copies **MAILED** on \_\_\_\_\_ to:

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ADDENDUM

List of Opt-Out Plaintiffs in MDL No. 2323

1. Arnett, Jon D.
2. Bain, William E.
3. Brightful, Lamont
4. Brown, Ronald
5. Bush Jr., Lewis
6. Bush, Danielle
7. Bush, Dee
8. Bush, Lewis
9. Bush, Makai
10. Campbell, Woodrow L.
11. Carver, Shante
12. Cobb, Marvin L.
13. Dorsett, Tony
14. Eber, Richard L.
15. Forsberg, Fred C.
16. Gayle, Shaun
17. Grant, Robert B.
18. Healy, Jr., William
19. Iorio, Joseph W.
20. Jarvis, John B.
21. Johnson Jr., Ted C.
22. Krause, Paul J.
23. May Jr., Bert D.
24. Morton, Larry C.
25. Olkewicz, Neal
26. Parrish, Bernard P.
27. Patrick, Allen
28. Pritchard, Ronald D.
29. Riggins, Robert J.
30. Scott, Edward

31. Seau Jr., Tiaina B.
32. Seau, Hunter
33. Seau, Jake R.
34. Seau, Luisa
35. Seau, Sydney B.
36. Seau, Tiaina
37. Seau, Tyler C.
38. Smith, Jesse D.
39. Smith, John T.
40. Stant, Patrick M.
41. Steed, Joel E.
42. Stein, Robert A.
43. Tant, Jay W.
44. Tant, Natalie
45. Truax III, William F.
46. Walker, George
47. Walls, Charles W.

# **EXHIBIT A**

## **HEALTHCARE PROVIDER HISTORY FORM**

**HEALTH CARE PROVIDER HISTORY FORM****I. OPT-OUT PLAINTIFF INFORMATION**

|                        |       |      |      |        |
|------------------------|-------|------|------|--------|
| <b>Plaintiff Name:</b> | First | M.I. | Last | Suffix |
|------------------------|-------|------|------|--------|

**II. HEALTH CARE PROVIDERS**

Provide the following information for health care providers with records that substantiate Opt-Out Plaintiff's allegations of neurodegenerative diseases or conditions. If you need more space, attach supplemental pages.

|           |                   |        |       |          |       |
|-----------|-------------------|--------|-------|----------|-------|
| <b>1.</b> | <b>Name:</b>      |        |       |          |       |
|           | <b>Specialty:</b> |        |       |          |       |
|           | <b>Address:</b>   | Street |       |          |       |
|           |                   | City   | State | Zip Code | Phone |
| <b>2.</b> | <b>Name:</b>      |        |       |          |       |
|           | <b>Specialty:</b> |        |       |          |       |
|           | <b>Address:</b>   | Street |       |          |       |
|           |                   | City   | State | Zip Code | Phone |
| <b>3.</b> | <b>Name:</b>      |        |       |          |       |
|           | <b>Specialty:</b> |        |       |          |       |
|           | <b>Address:</b>   | Street |       |          |       |
|           |                   | City   | State | Zip Code | Phone |
| <b>4.</b> | <b>Name:</b>      |        |       |          |       |
|           | <b>Specialty:</b> |        |       |          |       |
|           | <b>Address:</b>   | Street |       |          |       |
|           |                   | City   | State | Zip Code | Phone |

|    |                   |        |       |          |       |
|----|-------------------|--------|-------|----------|-------|
| 5. | <b>Name:</b>      |        |       |          |       |
|    | <b>Specialty:</b> |        |       |          |       |
|    | <b>Address:</b>   | Street |       |          |       |
|    |                   | City   | State | Zip Code | Phone |
| 6. | <b>Name:</b>      |        |       |          |       |
|    | <b>Specialty:</b> |        |       |          |       |
|    | <b>Address:</b>   | Street |       |          |       |
|    |                   | City   | State | Zip Code | Phone |
| 7. | <b>Name:</b>      |        |       |          |       |
|    | <b>Specialty:</b> |        |       |          |       |
|    | <b>Address:</b>   | Street |       |          |       |
|    |                   | City   | State | Zip Code | Phone |
| 8. | <b>Name:</b>      |        |       |          |       |
|    | <b>Specialty:</b> |        |       |          |       |
|    | <b>Address:</b>   | Street |       |          |       |
|    |                   | City   | State | Zip Code | Phone |

### III. HOW TO SUBMIT THIS FORM

You can submit this Form to Opt-Out Coordinating Counsel in one of the following ways:

|                   |  |
|-------------------|--|
| <b>By Mail:</b>   | Wendy Fleishman, Esq.<br>Lief Cabraser Heimann & Bernstein, LLP<br>250 Hudson Street, 8 <sup>th</sup> Floor<br>New York, NY 10013-1413 |
| <b>By E-mail:</b> | wfleishman@lchb.com  |
| <b>By Fax:</b>    | 212.355.9592   |

# **EXHIBIT B**

## **AUTHORIZATION FORM**



**AUTHORIZATION FORM**

This Form authorizes the disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses. By signing and submitting this Form, I authorize (i) the Medical Provider(s) identified in Section I to release all Protected Health Information regarding my (or the Retired NFL Football Player's, if signed by an authorized representative) medical care, treatment, physical and mental condition, and medical expenses, and (ii) the release of my (or the Retired NFL Football Player's, if signed by an authorized representative) files (including medical and non-medical records) maintained by the NFL Player Disability and Neurocognitive Benefit Plan, the Bert Bell/Pete Rozelle NFL Player Retirement Plan, and/or the 88 Plan, if applicable, to the Court-appointed Opt-Out Coordinating Counsel, Wendy Fleishman of Lieff Cabraser Heimann & Bernstein, LLP, in *In re: National Football League Players' Concussion Injury Litigation*. These records will be used or disclosed solely in connection with the pending litigation involving the Retired NFL Football Player named in Section II.

**I. MEDICAL PROVIDER INFORMATION**

|                         |        |       |            |
|-------------------------|--------|-------|------------|
| <b>Provider Name</b>    |        |       |            |
| <b>Provider Address</b> | Street |       | Suite/Unit |
|                         | City   | State | Zip Code   |

**II. RETIRED NFL FOOTBALL PLAYER**

Enter the Retired NFL Football Player's information in this Section II.

|  |       |                  |      |        |
|--|-------|------------------|------|--------|
| <b>Player Name:</b>  | First | M.I.             | Last | Suffix |
| <b>Social Security Number, Taxpayer ID or Foreign ID Number (if Retired NFL Football Player is not a U.S. Citizen) of Retired NFL Football Player (if known)</b> |       | or               |      |        |
| <b>Date of Birth of Retired NFL Football Player</b>  |       | (Month/Day/Year) |      |        |

**III. AUTHORIZATION**

By signing below, I acknowledge and understand all of the following:

|           |  |
|-----------|--|
| <b>1.</b> | I have the right to revoke this authorization at any time. If I wish to revoke the authorization, I must do so in writing and must provide my written revocation to Opt-Out Coordinating Counsel. The written revocation must be signed and dated. The revocation will not apply to any disclosures that already have been made in reliance on this authorization prior to the date upon which Opt-Out Coordinating Counsel receives my written revocation.                                |
| <b>2.</b> | My authorization of the disclosure of the subject Retired NFL Football Player's Protected Health Information is voluntary, which means I can refuse to sign this Form. I do not need to sign this Form to obtain health treatment from any medical provider or to enroll in or be eligible for any health plan benefits. However, I recognize that if I do not sign this Form and submit it to Opt-Out Coordinating Counsel, my litigation claim(s) may be denied pursuant to Court order. |

|    |  |
|----|--|
| 3. | Any Protected Health Information or other information released to Opt-Out Coordinating Counsel may be disclosed to (i) the Court overseeing my pending litigation against the NFL Defendants or (ii) the NFL Defendants (including the NFL Defendants' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose my information only in accordance with this Form, orders of the Court, and/or applicable law.  |
| 4. | My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.   |
| 5. | This Form is valid from the date of my signature in Section IV until the final resolution of my pending litigation against the NFL Defendants.   |
| 6. | I have a right to receive and retain a copy of this Form.  |
| 7. | Any photostatic copy of this Form shall have the same authority as the original, and may be substituted in its place.  |
| 8. | <p><i>If you (or, in the case of an authorized representative, the Retired NFL Football Player) have ever applied for benefits under the NFL Player Disability and Neurocognitive Benefit Plan, the Bert Bell/Pete Rozelle NFL Player Retirement Plan, and/or the 88 Plan with respect to neurodegenerative diseases or conditions, check "YES" below:</i></p> <p>I authorize the disclosure of everything in my file (including my medical and non-medical records) as maintained by the NFL Player Disability and Neurocognitive Benefit Plan, the Bert Bell/Pete Rozelle NFL Player Retirement Plan, and/or the 88 Plan.</p> <p>YES: <input type="checkbox"/></p> |

#### IV. SIGNATURE

**By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this HIPAA Authorization Form is true and correct to the best of my knowledge, information and belief.**

|                     |       |      |      |             |  |
|---------------------|-------|------|------|-------------|--|
| <b>Signature</b>    |       |      |      | <b>Date</b> |  |
| <b>Printed Name</b> | First | M.I. | Last | Suffix      |  |

#### V. HOW TO SUBMIT THIS FORM

You can submit this Form to Opt-Out Coordinating Counsel in one of the following ways:

|                   |  |
|-------------------|--|
| <b>By Mail:</b>   | Wendy Fleishman, Esq.<br>Lief Cabraser Heimann & Bernstein, LLP<br>250 Hudson Street, 8 <sup>th</sup> Floor<br>New York, NY 10013-1413 |
| <b>By E-mail:</b> | wfleishman@lchb.com  |
| <b>By Fax:</b>    | 212.355.9592   |